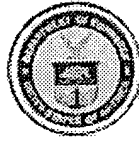




Bib Data Sheet


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 ** CONTINUING DATA ***** *None M.B.* *****
 ** FOREIGN APPLICATIONS ***** *None M.B.* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MB</i> Initials				

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TITLE
 Female incontinence prevention device

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